

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 2 0 2017

NEW HAMPSHIRE

STATE

PLEASE PRINT

1. Name of Lobbyist(s) Stephen, Rosario						DEPARTMENT OF
II. Name of lobbyist		rm or corpo	oration, if an	y:		
(Na	me of partnership, fi	rm or corpor	ation)	 	<u> </u>	
Business Address: (S	s Address: (Street)		(Town/City)		(State)	(Zip Code)
()(Telephone)		()	(Fax)	e-	mail	
III. This statement of reportable expense	•	•	•		•	ay file a separate report for
☐ All reportable tra	nsactions occurrin	g in the mor	nths prior to the	he reporting d	ate relative to the	he following client:
AMCRI	can Cr	emic	STRY	Cour	wil	
OR	(Full Name of Cl	ient as it appo	ears on the Lob	byist Registrat	ion Form)	
All reportable trar unrelated to any parti		bbyist (inclu	iding the lobb	oyist's family)	, or the lobbyin	g firm listed below which are
IV. Date of Report Reports cover: acti	April 26, 2017 ivity from date of reg		B/31/17	-	26, 2017	7
	October 25, 20 activity from 7/1/1				ury 31, 2018 🗌 n 10/1/17 to 12/31	1/17
V. There have bee If this box is checked Concord, NH 03301.	complete just this					the last report. State House, Room 204,
VI. Check if additio	nal reports are at	tached:				
	ved fees or made		-			
☐ If you have paid Expense Reimbursen		reimbursed	expenses, you	ı must file Ac	ldendum B- Re	eport of Honorariums or
☐ If you, your firm	, or your family ha	is made poli	tical contribu	itions, you mu	st file Addend i	um C-Political Contributions
Sworn Statement/A I have read RSA 15, and complete to the to (Signature of lobby):	RSA 15-B, RSA 1 pest of my knowled	4-C and RS		reby swear or	affirm that the	foregoing information is true
(Print Name of lobby	yist)	<u> </u>	_			